


**Application for Reduction of the
One Time Severance Tax Payment**
Date: _____, 2005

To: Louisiana Department of Revenue
 Taxpayer Services Division
 Attn: Severance Tax Section
 P.O. Box 66362
 Baton Rouge, Louisiana 70896-6362

Application is hereby made for reduction of the one time severance payment due by November 25, 2005 per Act 446.

- This application must be approved before returning the one-time payment voucher.
- Applications must be submitted to the above address.

Account Number: _____

Name of taxpayer: _____

Address of taxpayer: _____

1. One-time payment amount:..... \$ _____

2. Taxpayer's one-time payment amount requested: \$ _____

3. Reason for reduction request:

Signed: _____

Title: _____

Phone: _____

For Internal Use
Approval: _____ **Denied:** _____

(Louisiana Department Of Revenue)

Date: _____ **Date:** _____